

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

Serial No. **10/0482**
Applicant

Filing Date

9-21-83 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7	1					
8		1				
9		1				
10	1					
11		0				
12		1				
13		1				
14		1				
15	1					
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17	1					
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL NO.	43		9			
TOTAL OFF.	43		9			
TOTAL	43		9			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
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TOTAL NO.						
TOTAL OFF.						
TOTAL						